

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/588093

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	C	C				
4		1				
5	C	C				
6		1				
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34		1				
35		1				
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40		1				
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45						
46		1				
47		1				
48		1				
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	C	C				
53		1				
54	C	C				
55	1					
56		1				
57	1					
58		1				
59		1				
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99						
100						
TOTAL IND.	3					
TOTAL DEP.	16					
TOTAL CLAIMS	19					